

Foster Family Home - Deficiency Report

Provider ID: 1-200031

Home Name: Natividad Amano, CNA

Review ID: 1-200031-3

1297 Kukila Street

Reviewer: David Ayling

Honolulu

HI

96818

Begin Date: 7/20/2021

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.

Compliance Manager

Primary Care Giver

Date

Date